

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
**ACTIVE EMPLOYEES**  
**ALL BU'S EXCEPT BU12**  
**JULY 1, 2009**

Benefit Plan	Type of Enrollment	Premium	Admin Fee	Total Contribution Required
<b>MEDICAL PLANS</b>				
EUTF PPO (HMA) RSN Chiropractic	Self	\$274.32	\$2.14	\$276.46
	Two-Party	\$666.47	\$4.49	\$670.96
	Family	\$849.10	\$6.56	\$855.66
EUTF PPO (HMSA) RSN Chiropractic	Self	\$281.22	\$2.14	\$283.36
	Two-Party	\$683.21	\$4.49	\$687.70
	Family	\$870.48	\$6.56	\$877.04
EUTF Prescription Drug (NMHC)	Self	\$63.25	\$0.61	\$63.86
	Two-Party	\$153.77	\$1.29	\$155.06
	Family	\$196.09	\$1.87	\$197.96
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$381.57	\$2.75	\$384.32
	Two-Party	\$927.06	\$5.78	\$932.84
	Family	\$1,181.47	\$8.43	\$1,189.90
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$304.91	\$2.75	\$307.66
	Two-Party	\$740.31	\$5.77	\$746.08
	Family	\$943.80	\$8.44	\$952.24
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$269.75	\$2.75	\$272.50
	Two-Party	\$654.87	\$5.77	\$660.64
	Family	\$834.80	\$8.44	\$843.24
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$200.26	\$2.74	\$203.00
	Two-Party	\$487.03	\$5.77	\$492.80
	Family	\$620.14	\$8.42	\$628.56
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$53.87	\$2.75	\$56.62
	Two-Party	\$133.97	\$5.77	\$139.74
	Family	\$148.96	\$8.44	\$157.40
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$257.57	\$2.75	\$260.32
	Two-Party	\$626.79	\$5.77	\$632.56
	Family	\$798.99	\$8.43	\$807.42
<b>DENTAL PLAN</b>				
HDS Dental	Self	\$30.48	\$0.30	\$30.78
	Two-Party	\$60.92	\$0.66	\$61.58
	Family	\$100.40	\$0.94	\$101.34
<b>VISION PLAN</b>				
VSP Vision	Self	\$5.98	\$0.06	\$6.04
	Two-Party	\$11.06	\$0.12	\$11.18
	Family	\$14.45	\$0.17	\$14.62
<b>LIFE INSURANCE</b>				
Standard Life Insurance	Employee	\$4.12	\$0.04	\$4.16